

TOWN OF SMYRNA

STREET EXCAVATION PERMIT APPLICATION

NAME: _____

ADDRESS: _____

PHONE : _____ EMAIL: _____

LOCATION AND PURPOSE: _____

FEE PAID: _____

Applicant's Signature

DEPOSIT: _____

DATE

THIS APPLICATION HAS BEEN APPROVED SUBJECT TO

1. DEPOSIT FOR REPAIRS @ \$ _____ PER SQ. FT. \$ _____
2. **CONTACT TOWN OF SMYRNA INSPECTOR PETE VIGNERI (302 363-5583) PRIOR TO ANY EXCAVATION TO ARRANGE ANY INSPECTIONS REQUIRED.**
3. STREET EXCAVATION SHALL BE PROPERLY PROTECTED PER TOWN OF SMYRNA AND DELDOT REQUIREMENTS.

TOWN OF SMYRNA
ISSUED BY:

TITLE

DATE: _____

FINAL INSPECTION COMPLETED BY: _____

DATE : _____